## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** 



FLORIDA DE PARTMENT OF STATE

ANNUA	ORATION AL REPORT 996	Secretar DIVISION OF C	B Mortham  ary of State  CORPORATIONS			
OCUM , Corporation N		00067034 (7)	)			
•	R MIAMI, INC.					
Principal Place o	f Business	Mailing Address			i danii galid dirii issiii darad iliili Bisi (20)	
819 LINCOLN	RD.	819 LINCOLN RD.				
MIAMI BEACH		MIAMI BCH. FL 33139 US			Date Incorporated or Qualified	
US		<del></del>		<ol> <li>Date Incorporated or Qualified 09/27/1993</li> </ol>	05/01/1995	
Description of	a of Rusiness	2a. Malling Address		4. FEI Number	Applied For	
. Principa! Plac	SE OF DUSTRIESS	26 26		65-0447883	Not Applicable	
Suite, Apt. #,	etc.	Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		Crtv. 8 State		6. Election Campaign Financing	\$5.00 May Be	
Orty & State		City & State		Trust Fund Contribution	Added to Fees	
Zip	Country	<b>[28]</b> Ζφ	Country	8. This corporation has liability for	intangible tax under s. 199.032,	
Zip I	25	29	30	Florida Statutes Yes  10. Name and Address of New F	s □ No	
	9. Name and Address of Curre		81 Name	10. Name and Address of New I	gratered rights	
			i I		alot	
MARX, J.			82 Street Ad	ddress (P.O. Box Number is Not Acceptat	кле,	
	BISCAYNE BLVD.		83			
SUITE 3					85 Zip Code	
MIAM! F			84 City	rporation submits this statement for the publicard of directors. Thereby accept the app	FL   T	
SIGNATURE _	ed agent, or both, in the State of his h, and accept the obligations of Se Signature, twice or presentate of registered a. OFFICERS A		ETE Registerio Agent signaturi rec	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
12. TITLE	DPS	DELETE	. 1. 1 TITLE	DP TEONARI	Change Addition	
NAME	MARCHINI, LEONARDO		1.2 NAME	MARCHINI, LEONARI	DO	
STREET ADDRESS	819 LINCOLN RD.		13 STREET ADDRESS	5 ISLAND AVE, 9D MIAMI BEACH FL 3	3139	
CITY - ST - ZIP	MIAMI BCH. FL	EJ DELETE	1.4 CiTY+\$1-7iP 2.1 TillE	DVT	Change Addition	
TITLE	DVT	DELETE	2 1 THE 22 NAME	PATRONI, MARIO	<del>.</del>	
NAME	PATRONI, MARIO 810 LINCOLN RD.		2.3 STREET ACORESS	919 ITNCOLN RD		
SZAROCA TABATS	MIAMI BCH. FL		2 4 City - ST - ZiP	MIAMI BEACH FL 3	3139	
TITLE	INDUSTRIBUTION OF THE PROPERTY	DELETE	3 1 T:11 E	DS	Change 🔀 Addition	
NAME			3.2 NAME	ABRAMOVITZ, AVI 2100 SANS SOUCI	BLVD	
STREET ADDRESS			3.3 STREET ADDRESS	N MIAMI FL 3318	11	
CITY - ST - ZIP			3.4 CHY - S1 - ZIP	M MINIT IN 22TC	Change Addition	
TITLE		DELETE	4 1 TITLE			
NAME			4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS			4.3 STREET AUDRESS			
CITY - \$1 ZIP		DELETE	5 1 HKE		Change Addition	
TITLE NAME		<del></del>	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST ZIP			5.4 CITY - ST - ZIP		Change Addition	
THILE		☐ DETEIF	€ 1 MILE		CI outling: CI required	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ACORESS			
	h .		6.4 CHY - ST - ZIP			

6.4CHY-ST-ZIF

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I em an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 t changed, or on an attachment with an address.

MARTO PATRONT 4/17/96

SIGNATURE:

MARIO PATRONI 4/17/96 TED NAME OF SIGNING OFFICER OR DIRECTOR